

## PART B - FEE(S) TRANSMITTAL

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34282 7590 09/22/2008

QUARLES & BRADY LLP  
 ONE SOUTH CHURCH AVENUE, SUITE 1700  
 TUCSON, AZ 85701-1621

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*Alice Vanick*

(Depositor's name)

*Alice Vanick*  
*October 29, 2008*

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/612,521	07/02/2003	Cheryl E. Zemont	122137.00002	5288

TITLE OF INVENTION: HEALTHY BODY BALL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	12/22/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				

BROWN, MICHAEL A

3772

601-131000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

2. For printing on the patent front page, list

*Gavin J. Milczarek-Desai*

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

*2. Quarles & Brady LLP*

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 1

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A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 17-0055 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Gavin J. Milczarek-Desai*

Date 10-29-08

Typed or printed name **Gavin J. Milczarek-Desai**

Registration No. 45,801

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